

the public health insurance option unless they opt out in a process established by the Secretary.

So, in talking about the powers of the commissioner, I also worry about the powers of the Secretary, and every doctor in America should worry about that.

I yield back.

Mr. AKIN. I think that, perhaps, may be the Democrats' biggest nightmare—the fact, if we have time to read the bill, that the people will see that what is promised and what the bill says are two different things. That is certainly what we're dealing with here. You have the Blue Dogs. These are Democrats. They're asking their leadership to have this flexibility, and the bill goes the exact opposite of what they're saying.

I would yield to the gentleman from Michigan, Congressman HOEKSTRA.

Mr. HOEKSTRA. What we're really seeing here is a continued erosion of the rights of individuals and the rights of States. Michigan is a donor State in terms of transportation. What does that mean? It means, since the inception of the national highway or the national gas tax, for every dollar that Michigan has sent to Washington, we've received 83 cents back. That hardly seems fair to me, especially when we're now number one in unemployment. Think of it. When we get that money back, the Federal Government tells us how to spend it. The same thing happened with education. We sent money here.

Think about what's going to happen with health care. It's going to come here to Washington, and we're going to apportion it back to the States. Some States are going to do better than others, and it's not going to be based on population or those types of things. It's going to be based on the power of the people in this Chamber and in the Chamber down the hall as to who has got the most influence. There are going to be donor States and—what are they?—donees or beneficiaries, the ones who get more than the rest of us.

Mr. GINGREY of Georgia. Recipients.

Mr. HOEKSTRA. Recipients.

That's no way to run a health care system. We will lose freedom, and this place will become the center of distributing money and of distributing power back to groups around the country. This is what we're fighting for. We're fighting for freedom for individuals and for sovereignty back to the States.

Mr. AKIN. You know, I really appreciate your summary, and we're getting close in time. A number of you have come to this same basic position. What we're really talking about here is freedom, isn't it? It's a subject of freedom.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. AKIN. Okay. I'll finish up and reclaim some time. Go ahead.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3170, FINANCIAL SERVICES AND GENERAL GOVERNMENT APPROPRIATIONS ACT, 2010

Mr. ARCURI (during the Special Order of Mr. AKIN), from the Committee on Rules, submitted a privileged report (Rept. No. 111–208) on the resolution (H. Res. 644) providing for consideration of the bill (H.R. 3170) making appropriations for financial services and general government for the fiscal year ending September 30, 2010, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3183, ENERGY AND WATER APPROPRIATIONS ACT, 2010

Mr. ARCURI (during the Special Order of Mr. AKIN), from the Committee on Rules, submitted a privileged report (Rept. No. 111–209) on the resolution (H. Res. 645) providing for consideration of the bill (H.R. 3183) making appropriations for energy and water development and related agencies for the fiscal year ending September 30, 2010, and for other purposes, which was referred to the House Calendar and ordered to be printed.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes.

Mr. KING of Iowa. I thank the Speaker for recognizing me to address this.

While we have so many stellar experts here on health care, health insurance and on the destiny of America with regard to this large percentage of our gross domestic product, I'd ask for any of you who are willing to stay here and to continue imparting the knowledge base that you have to continue in this seamless transition over into the second hour of the Special Orders here.

It turns out that the Democrats don't have enough confidence to show up here on the floor to defend their position nor to rebut ours, and so I would point out something that I would add into this equation.

That is that, first, we have the most successful health care system in the world, and it has produced the best results in the world. Even though we have a Secretary of Agriculture who, as the lead person on health care, said that Cuba had the model for the world. No, it's the United States of America. She got the right hemisphere, and she was close to the right continent, but it's the United States of America.

I'd point out also that, by the time you reduce down the numbers of the uninsured, that 44–47 million, which is a number that is arguable, and by the time you take out of that those who are illegal and by the time you take out of that those who are in transition

between health insurance policies and by the time you just boil it down to the chronically uninsured—and this is according to a study done by two professors at Penn State University that was reproduced by the Heritage Foundation—it comes back to about 4 percent of this population that is chronically uninsured. Yet we would upset the entire system of health care in America to try to reduce that 4 percent number down to—what?—3 percent or 2 percent or not even 1 percent in their wildest aspirations.

So, rather than my venting myself completely on the things that I have in my head and heart on this health insurance and health care program, I am looking at a series of established experts.

I would like to yield to the gentleman from Missouri to pick up where he left off before the clock ticked out on that first hour.

Mr. AKIN. Thank you, Congressman KING. I appreciate your love for free enterprise and for your willingness to stand up for freedom.

We've been joined here over the last hour by a number of distinguished doctors, by doctors who have given a large portion of their lives to providing good quality health care—by Dr. ROE from Tennessee, by Dr. GINGREY from Georgia, who just left, and by Dr. BROWN from Georgia. They all, of course, know health care far better than a lot of us because they've lived it for 30 or 40 years of their lives; but there's something that I've lived for about 9 years of my life, and that's what is called cancer.

People in America, when you hear the word “cancer”—they call it “the big C”—you pay attention to it. When I got here as a freshman Congressman, I waltzed down to the doctor's clinic that's provided by the Navy in this Capitol building. I felt bulletproof and fit as a fiddle at barely over 50. They said, Yeah, you're in pretty good shape except for one little detail: you've got prostate cancer. So, when you hear the words “the big C”—cancer—pay attention to it. So, although I'm not a doctor, I've had some experience.

There was one set of numbers that jumped out at me that we really didn't talk about, although it was mentioned by the gentleman from Arizona, Congressman SHADEGG. He talked about prostate cancer and breast cancer, but let's generalize those numbers a little bit more. Let's talk about survival rates. What we're talking about here is that, for the sake of 4 percent of the people who are chronically uninsured, the Democrats want to remake the best health care system in the world even though they were throwing rocks at it an hour and a half ago. Nobody goes from America to get health care somewhere else. They all come here to get their health care. Now what they want to do is turn us into something like Canada or England or Tennessee, which had a bad experience, or like Massachusetts.